

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11/11/05

2 Serial/Patent # 10/518803

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|--|----------------|-----------------|----------|
| <input checked="" type="checkbox"/> Filing | | <u>12/17/04</u> | \$ 50.00 |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ |

7 TOTAL AMOUNT OF REFUND

\$ 50.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 19--4330

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE:

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

TITLE: Paralegal

PHONE: 3089140X207

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B